

# County of Los Angeles Health Care Spending Account Claim Form



**RETURN TO:** Spending Account Plan Administrator (Ceridian)  
**FAX (TOLL-FREE):** 888-367-3305 (No cover sheet needed)  
**OR MAIL:** P.O. Box 67128, Los Angeles, CA 90067

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Employee Name (Last, First, Middle Initial)			Social Security Number		
Street Address			Employee No.		Dept. No.
City	State	Zip Code	Work Phone (       )       -		

Total Health Care Expense(s)	\$
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## EMPLOYEE SIGNATURE

I certify that the expenses claimed above are eligible for reimbursement under a County of Los Angeles Flexible Benefit Program and that neither I, nor my spouse, nor my dependents have received or will receive reimbursement for these claimed expenses from another source. I understand that any claim for which I am reimbursed cannot be used in calculating a credit or be taken as an itemized deduction on my federal or state income tax return. I certify that any over-the-counter medication or drug expenses that I am claiming were for a medical condition.

Employee Signature	Date
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### Initiate Claims and Receive Service Around the Clock

You have direct access to your health care and/or dependent care account 24 hours a day. By accessing our Web site, [mylacountybenefits.com](http://mylacountybenefits.com), or our toll-free automated response system, 866-300-2303, you can quickly access your account data and other helpful FSA information. You can also initiate claims online, speeding claim processing and reimbursement. Account data is current as of the previous day's close of business. Customer service professionals are available from 5 a.m. to 5 p.m. to assist you.

### Important Information

- ✓ Only eligible expenses incurred during your FSA plan year and while you are a participant are eligible for reimbursement.
- ✓ An expense is incurred when the service is provided – not when you are billed or pay for the service.
- ✓ Due to the nature of orthodontist and prenatal billing, prepaid expenses for the plan year can be reimbursed before the service is completed.
- ✓ You will receive an account summary with each reimbursement in addition to a quarterly account statement.
- ✓ You will have until June 30, 2012 to submit your claims and documentation for expenses incurred while you are a participant during 2011. Any claims postmarked after June 30, 2012 will not be reimbursed.
- ✓ For more information and important rules, read the "Flexible Spending Accounts" section of the Summary Plan Description (SPD). The SPD is available online at [mylacountybenefits.com](http://mylacountybenefits.com). Click on 2011 Summary Plan Description in "quickLINKS" on the home page.

### Reimbursement Instructions

1. After you have incurred an eligible expense during the plan year, complete a claim form. Please note: Health care expenses must be processed first by your primary and secondary (if applicable) health plans.
2. Include the appropriate documentation with a signed claim form. Send the Explanation of Benefits (EOB) from your insurance company (if you have partial coverage for the expense) or an itemized bill (if you do not). The EOB or bill must contain the actual date of service, the name and address of the provider, a description of the services and the amount charged. You may attach multiple HEALTH CARE receipts to this claim form.
  - If you are claiming mileage under a health care spending account, attach your EOB or other supporting document that shows the date of the medical service. On the attachment, print the total miles and the dollar amount you are claiming for reimbursement.
  - If you are claiming expenses for over-the-counter medications or drugs, you must provide a doctor's prescription and attach proof of the expense, such as itemized receipts.
3. If you prefer not to process your claim online (see box on the left), fax this entire sheet, completed and signed, along with the appropriate documentation using the toll-free fax number 888-367-3305. If you prefer, mail your completed and signed claim form with the documentation attached to: Spending Account Plan Administrator, P.O. Box 67128, Los Angeles, CA 90067. Please keep your original receipts with your tax records and submit legible copies with your claim form.
4. We will reimburse up to the amount you elected for the year minus any previous reimbursements.
5. Follow this process throughout the plan year whenever you have an eligible expense. Be sure to "use up" your entire election...if you don't, you will lose the dollars you have left over (according to IRS regulations).



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